Option I - Service Authorization/Billing Form

Choosing this billing option provides the most reliable billing choice since most of the critical information to process a claim is preprinted on the form. To date this has proven to be a highly effective billing choice that results in minimal rejections. Completed samples are provided in this document.

Date of service should be in the mm/dd/yy format (04/01/02.) For service coordination only, the date on the claim form should be the last day of the month or the last day of the authorization whichever occurs first.

Procedure Code is either the code listed in the authorization section or a HCPCS code used in the Medicaid billing system.

Charges must reflect the total charges for that service encounter. For example, if your charges for speech therapy services in a special purpose center are $16.00 per 15-minute increment, please put $64 for charges for 60 minutes. Services must be in accordance with the provider's usual and customary charges. Payments will be the provider's usual and customary charge or the First Steps maximum rate whichever is less.

Bill the actual time delivered in minutes. The system will round down to the nearest 15-minute increment.

The intensity should be referenced in minutes not in units. This column will be blank for service coordination.

The Patient account number is an optional field and is used at the provider's discretion. If included, this information will be provided back to you on the Explanation of Provider Payment for ease in linking back to your accounts receivable system.

Total charges should reflect the sum of line items on the claim. If the two do not match, the individual line items will take precedence.

A provider's signature must be included. The signature may be that of an administrative official within the organization who has the authority to sign on behalf of the individual practitioner.

The date the claim was filed must be after the latest date entered in the billing section of the claim.

Mail completed claims to:

CENTRAL FINANCE OFFICE
C/O COVANSYS Software Services, Formerly known as PDA, Software Services
PO Box 29134
Shawnee Mission, KS 66201-9134
866-711-2573 Option 1